



GP3628

Attorney Docket No.: 0001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the U.S. Patent and Trademark Office, Washington, D.C., 20231, on the below date of deposit.			
Date of Deposit:	1/19/99	Name of Person Making the Deposit:	John Wagner
		Signature of the Person Making the Deposit:	

In re Application of: **Chase, C.**

Serial No.: 08/909,712

Examiner: **Santos, R.**Filed: **8/11/97**Art Unit: **3628**For: **Portable Inflatable Massage Support Apparatus**Assistant Commissioner for Patents
Washington, D.C. 20231AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application

- ☒ Transmitted herewith is a response to an office action for the above identified patent application.
(13 sheets)
- Transmitted herewith are _____ sheets of substitute formal drawings.
- Other: _____

2. Applicant is ☐ a small entity**Extension of Term**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

<u>Extension</u>	<u>Fee</u>
<input type="checkbox"/> one month	\$110.00
<input type="checkbox"/> two months	\$380.00
<input type="checkbox"/> three months	\$870.00
<input type="checkbox"/> four months	\$1,360.00

Fee \$ _____

If an additional extension of time is required, please consider this a petition therefor.

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)					
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total
Total Claims	24	- 20 =	4	x \$9.00	36.00
Independent Claims	4	- 4 =	0	x \$78.00	0
Multiple Dependent Claim Fee (one or more, first added by this amendment)				\$260.00	
Total Fees					36.00

PAYMENT OF FEES

5. The full fee due in connection with this communication is _
provided as follows:
- [] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: _
A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.:

Please direct all correspondence concerning the above-identified application to the following address:

CARL A. CHASE, JR
P.O. Box 484
Big Sur, CA 93920

Respectfully submitted,

Date: 1/19/98

By: 

Reg. No. 35,398